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Bib Data Sheet

CONFIRMATION NO. 1471

SERIAL NUMBER 10/544,260	FILING OR 371(c) DATE 12/01/2005 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. 105MC-026
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB04/00406 02/03/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0302459.3 02/03/2003

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

Surgical kit for hemiarthroplasty hip replacement

FILING FEE RECEIVED 1465	<p>FEES: Authority has been given in Paper          No. _____ to charge/credit DEPOSIT ACCOUNT          No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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